

Peter May reviews a hurried and unsatisfactory debate at the Church of England's General Synod



THE CONVERSION THERAPY CONTROVERSY

key points

- A General Synod Private Member's motion moved by Jane Ozanne (Oxford) called for a ban on what it termed 'conversion therapy' for homosexuals.
- In this article Peter May suggests:
 - (a) that the term 'conversion therapy' is inadequate and
 - (b) is an umbrella term to cover several discrete forms of therapy. Thus the motion lacked clarity.
- He suggests that Ozanne's case remains unproven but despite this Synod approved the amended motion, which effectively rules out talking therapies, prayer and even conversations among friends.

What is gay 'Conversion Therapy'? A debate this summer in the Church of England's General Synod concluded it 'has no place in the modern world', and called upon the Government to ban it.

In the 1940s, psychiatrists offered 'curative' aversion therapies to homosexuals hoping to convert them to heterosexuality. Tragically these included castrations, lobotomies and electrical treatments. These were superseded in the 1950s by drug and hormone treatments, psychotherapies and hypnosis. In 1973, following a close vote and bitter disagreement among psychiatrists, homosexuality was removed from the American diagnostic Manual of Mental Disorders. An entire generation of psychiatrists has now passed without any clinical responsibility for 'treating' homosexuality.

In proposing her motion to Synod, Jayne Ozanne chose to use the term 'Conversion Therapy', a historic and stigmatising label. She defined it as an umbrella term for all types of therapy, including talking therapies which attempt to change sexual orientation or gender identities. She lumped them together as a single entity, which she denounced as being 'unethical, harmful and not supported by evidence'.

She asked Synod to endorse a 2017 statement signed by the Royal College of GPs, the UK Council for Psychotherapy, and other bodies, uniting to ban 'Conversion Therapy'. She claimed it was 'an

abhorrent practice'. Included under the same umbrella were prayer and charismatic healing.

Ozanne cited her own online survey of LGBT people, claiming that 40% had willingly undergone 'Conversion Therapy'. Half of them were under the age of 17, highlighting the sexual confusions commonly experienced in adolescence. The therapies which these people claimed were 'most helpful', were in fact talking therapies – 'talking to psychotherapists, family and friends.' What matters, she asserted, is 'how we choose to live our lives', while ironically denying choice to those wanting to move away from homosexual feelings and behaviour.

Ozanne conceded that orientation fluidity exists – but 'cannot be manipulated'. She completely ignored bisexuality, which is more common than homosexuality. She also ignored the pivotal role of brain plasticity in adolescence. She admitted that prayer and 'deliverance ministry' worked for her temporarily 'for a few months, even years' but assured Synod that all 'health professionals' agree that therapy should be banned.

CMF member Simon Clift was quick to his feet, indicating that not all health professionals agreed. He saw the need to see Christ above culture, transforming it. He offered the scenarios of a married man with children struggling to hold his family together due to his unwanted, same-sex desires and of a teenager deeply disturbed by her conflicting sexual passions. They should, he claimed, be able

to consult appropriately trained psychotherapists.

Here lay a major misunderstanding, which the Synod failed to grasp. The motion, Synod was told, allowed for such therapy to continue. It didn't. A 'Memorandum' of 2015 ensured that anyone subsequently practising 'change therapy' would be removed from their authorising register. Only 'gay-affirming therapy' is nowadays permitted.

Ozanne's motion was amended by another dissenting health professional, Dr Jamie Harrison, who moved that Synod should consider the earlier '2015 Memorandum'. The 2017 Statement, signed by the Royal College of GPs, stated that 'gender identities are not mental health disorders.' This was rejected by the Royal College of Psychiatrists. Many psychiatrists think they are (and so do many GPs, if they were only asked!). He thereby steered Synod away from a minefield.

A further improvement in the '2015 Memorandum' was the claim that Conversion Therapy was 'potentially harmful', rather than 'harmful'. That makes all the difference in the world, as all effective therapy is 'potentially' harmful.

Did Synod spot the implications? Ozanne's three reasons for banning 'Conversion Therapy' were that it is 'unethical, harmful and not supported by evidence'. Why might change therapy now be considered unethical, if it was not actually harmful?

It would, of course, be unethical if people were manipulated into unwanted therapy by therapists making unjustified promises. But every professional knows that clients only benefit from talking therapies, if it is their own free choice and they are motivated to work at it, while no-one can predict the outcome.

With two of her three reasons denied, Ozanne's now rested on science being able to show that therapy does not work. But as we have seen, 'Conversion Therapy' is not a discrete entity but an umbrella term covering many different approaches. Do any of them work?

The gold standard for this test is the randomised controlled trial. Difficult to set up and expensive to perform, such trials require ethical approval. In the current climate, where many LGBT people are loudly insisting that change therapy is ineffective, unwanted and harmful, it is difficult to imagine ethical approval being given.

Professor Michael King is the spokesman for the Royal College of Psychiatrists' 'Special Interest Group' on homosexuality, which was responsible for drafting the College statement of 2012 that people are born gay and there was no evidence that change was possible. These beliefs are the bed-rock of the popular case for same-sex marriage internationally. The College, to its shame, failed to respond to a detailed rebuttal in 2013,¹ yet withdrew both these claims after the Same Sex Marriage Act had passed through Parliament.

King, with ethicist and theologian Robert Song, issued a joint briefing paper for Synod before this debate.² Dismissive about 'sexual fluidity' and ignoring completely the existence of bisexuality,

they said 'it is deeply misleading to state that...sexual desires can change.' Is it not universal human experience that sexual desires change with time?

Importantly, they wrote, 'No randomised controlled trials (RCTs) have been conducted in relation to the effectiveness or harmfulness of conversion therapies and *in this sense* it is certainly the case that there is no scientific evidence that change therapies are damaging.' They concluded, 'Whether this amounts to justification for a ban requires the exercise of wider moral and prudential judgement, and is not strictly a matter of scientific evidence.'

So, after repeated requests, Professor King has now – at last – publicly admitted that there is no good scientific evidence to show whether change therapy is effective or ineffective, harmful or harmless, and such evidence is unlikely to be forthcoming in the future. We are left with only self-reported anecdotes.³ The decision then to ban change therapy and allow only 'gay-affirmative therapy' cannot be decided by science but is a matter, they concluded, for 'wider moral and prudential judgement'.⁴

Did Synod rise to this challenge? Did anyone point out the well-documented, serious health risks associated with homosexual behaviour⁵ that might motivate a desire for change? No, they did not, yet they amount to very good reasons why people might want to move away from homosexual desires and behaviours. For instance, while there are in UK almost as many cases of HIV in the heterosexual population, the LGBT community is only around 2% of the population. This means that HIV incidence is about 40 times more common among gay men overall and is higher still among adolescents. Similar risks attach to syphilis and gonorrhoea. Add to these the well documented, increased incidence of anxiety, depression, suicide, loneliness and drug and alcohol addictions in the LGBT community, banning therapy for those who request it, without good scientific reasons, is surely a denial of their basic human rights.

Did the Bishops help the Synod to weigh up the wider moral and prudential judgement that was needed? No. The Bishop of Liverpool said that therapy is inappropriate as homosexuality is not a sickness. That is a sham argument. Many distressed psychological states respond well to psychotherapy without being illnesses, for example, bereavement. Despite good briefing papers, which included a detailed response to King and Song from Professor Glynn Harrison and Andrew Goddard,⁶ the Archbishop of York closed the debate in confusion. He said, 'Only the Holy Spirit converts...technique is unsound, so ban it so I can sleep at night.'

With all three of Ozanne's arguments refuted, Synod still endorsed the 2015 Memorandum that 'the practice of gay conversion therapy has no place in the modern world, is unethical, potentially harmful and is not supported by evidence', and called on the Government to ban it.

Peter May is a retired GP from Southampton who for many years was a General Synod member.



The Synod Motion

Motion passed as amended by Jamie Harrison (Durham). That this Synod:

- (a) endorses the Memorandum of Understanding on Conversion Therapy in the UK of November 2015, signed by The Royal College of Psychiatrists and others, that the practice of gay conversion therapy has no place in the modern world, is unethical, potentially harmful and not supported by evidence; and
- (b) calls upon the Church to be sensitive to, and to listen to, contemporary expressions of gender identity.

'Conversion Therapy' is not a discrete entity but an umbrella term covering many different approaches.

further reading

- Harrison G & Goddard A, *Unwanted Same-Sex Attraction*. London: CMF, 2011 amzn.to/2zFxnZg

references

1. O'Callaghan D, May P. Beyond Critique 2nd ed. *Core Issues Trust* 2013
2. King M(UCL), Song R(Durham). Conversion Therapy: A briefing note on the science bit.ly/2t1f950
3. Personal accounts of counselling interventions for unwanted same sex attractions, *Core Issues PDF*, www.core-issues.org
4. Understanding Same-Sex Attraction (32 min film) bit.ly/2g0QQVT
5. O'Callaghan D, May P. Ibid, pp27-36
6. Paul I. Synod's debate on Sexual Orientation Change Efforts (SOCE), bit.ly/2xHRqLR